## **Pre-Employment Drug Testing Consent and Release Form**

Witness Signature:
Witness Printed Name:
Date:
Applicant Signature:
SS#:
Applicant Printed Name:
I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.
I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.
I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment application.
I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at this Company.
I further agree to and hereby authorize the release of the results of said tests to the company.
(name of physician or clinic) may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.
I agree that:
employment, for the purpose of determining the drug content thereof.
I hereby consent to submit to urinalysis and/or other tests as shall be determined by (company name) in the selection process of applicants for